

JC813 U.S. PRO
09/618911
07/18/00



Customer Copy



POST OFFICE TO ADDRESSEE

EK863325708US

ADDRESS (POSTAL USE ONLY)		Day of Delivery	Flat Rate Envelope
		<input type="checkbox"/> Next <input type="checkbox"/> Second	<input checked="" type="checkbox"/> <i>1354</i>
ZIP Code <i>29112</i>		Postage	
City <i>SC</i> State <i>SC</i> Year <i>2000</i>		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$ <i>1.35</i>
AM <input type="checkbox"/> PM <i>5</i>		Military	Return Receipt Fee
AM <input type="checkbox"/> PM <i>5</i>		<input type="checkbox"/> 2nd Day <input checked="" type="checkbox"/> 3rd Day	
Lbs. <i>5</i> Ozs. <i>0</i>		Int'l Alpha Country Code	COD Fee Insurance Fee
Delivery Weekend <input type="checkbox"/> Holiday		Acceptance Clerk Initials <i>RH</i>	Total Postage & Fees <i>1.35</i>

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS

CUSTOMER USE ONLY

MOD OF PAYMENT:	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
U.S. Mail Corporate Acct. No. <i>0000000000</i>	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature		
All Agency Acct. No. or Service Acct. No. <i>0000000000</i>			

FROM: (PLEASE PRINT) <i>DUNCAN 41939-10</i>	PHONE (<i>864 433-3247</i>)
LAW DEPARTMENT CRYOVAC, INC. P. O. BOX 464 DUNCAN, SC 29334	

TO: (PLEASE PRINT) *ASSISTANT COMMISSIONER FOR PATENTS*

WASHINGTON, DC 20231

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

